

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10-069931</i>	FILING DATE
APPLICANT(S)	

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/				
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48					
49					
50					
TOTAL IND.	4				
TOTAL DEP.	22	↓	↓	↓	↓
TOTAL CLAIMS	220	████████	████████	████████	████████